

**DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**METHOD FOR ABATEMENT OF VOC IN  
EXHAUST GASES BY WET PULSE CORONA DISCHARGE**

the specification of which (check one)

( ) is attached hereto.

(X) was filed on March 24, 2003 as  
Application Serial No. PCT/US03/09089  
and  
was filed on April 13, 2005 as  
Application Serial No. 10/531,129  
(if applicable)

That I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

That I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

That I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate on this invention having a filing date before that of the application on which priority is claimed:

**Prior Foreign Application(s)**

			Priority Claimed	
			( )	( )
			Yes	No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	( )	( )
			Yes	No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	( )	( )
			Yes	No
<u>                    </u> (Number)	<u>                    </u> (Country)	<u>                    </u> (Day/Month/Year Filed)	( )	( )
			Yes	No

That I hereby claim the benefit under Title 35, United States Code, § 119 and/or § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

**United States Application(s)**

<u>60/367,231</u> (Application Serial No.)	<u>25 March 2002</u> (Filing Date)	<u>                    </u> (Status)-(Patented, pending, abandoned)
<u>                    </u> (Application Serial No.)	<u>                    </u> (Filing Date)	<u>                    </u> (Status)-(Patented, pending, abandoned)
<u>                    </u> (Application Serial No.)	<u>                    </u> (Filing Date)	<u>                    </u> (Status)-(Patented, pending, abandoned)

That all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

I hereby appoint the following attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the United States Patent and Trademark Office connected therewith and request that all correspondence and telephone calls in respect to this application be directed to GREER, BURNS & CRAIN, LTD., 300 South Wacker Drive, Suite 2500, Chicago, Illinois 60606, Telephone No. (312) 360-0080:

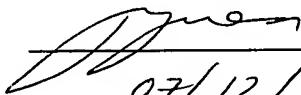
Practitioners associated with the Customer Number: 24978

I hereby grant the above-named attorneys the right to insert the application Serial Number in the appropriate place on this document, once such number has been assigned from the United States Patent and Trademark Office.

1-00 Full name of sole or one joint inventor:

Alexander Gutsol

Inventor's signature:



Date:

07/12/2005

Residence and Post Office Address:

203 Yorktown Court

Malvern, PA 19355

PA

Citizenship:

~~US~~ Russia

A.G.

Address for Correspondence:

GREER, BURNS & CRAIN, LTD.  
300 South Wacker Drive, Suite 2500  
Chicago, Illinois 60606  
(312) 360-0080  
Customer No. 24978

2-0

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Alexander Fridman

*Alexander Fridman*

07/12/2005

36 John James Audubon Way,  
Marlton, NJ 08053 NJ  
USA

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Address for Correspondence:

GREER, BURNS & CRAIN, LTD.  
300 South Wacker Drive, Suite 2500  
Chicago, Illinois 60606  
(312) 360-0080  
Customer No. 24978

3-00

Full name of additional  
joint inventor, if any:

Lawrence Kennedy

Inventor's signature:

Lawrence Kennedy

Date:

July 11, 2005

Residence and Post Office Address:

24306 Turnberry Ct.

Naperville, IL 60564 IL

Citizenship:

US

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Address for Correspondence:

GREER, BURNS & CRAIN, LTD.  
300 South Wacker Drive, Suite 2500  
Chicago, Illinois 60606  
(312) 360-0080  
Customer No. 24978

4-0

Full name of additional  
joint inventor, if any:

Alexei V. Saveliev

Inventor's signature:



Date:

07/06/2005

Residence and Post Office Address:

61 West 15th Street, #211

Chicago, IL 60605 IL

Citizenship:

Belarus

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Full name of additional  
joint inventor, if any:

Inventor's signature:

Date:

Residence and Post Office Address:

Citizenship:

Address for Correspondence:

GREER, BURNS & CRAIN, LTD.  
300 South Wacker Drive, Suite 2500  
Chicago, Illinois 60606  
(312) 360-0080  
Customer No. 24978

Rec'd PCT/PTO 26 JUL 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/531,129
Filing Date	April 13, 2005
First Named Inventor	Alexander Gutsol
Art Unit	
Examiner Name	
Attorney Docket Number	4264.73438

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number:

24978

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

24978

**OR**

☐ Firm or  
Individual Name

Address

City

State

Zip

Country

Telephone

Email

**I am the:**

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Name

Alexander Fridman

Date

07/12/2005

Telephone

215-895-1542

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Rec'd T/PTO 26 JUL 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/531,129
Filing Date	April 13, 2005
First Named Inventor	Alexander Gutsol
Art Unit	
Examiner Name	
Attorney Docket Number	4264.73438

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

24978

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

24978

OR


<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Alexander Gutsol		
Date	07/12/2005	Telephone	215-895-1485

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**REVOCATION OF POWER OF  
ATTORNEY WITH  
NEW POWER OF ATTORNEY  
AND  
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	10/531,129
Filing Date	April 13, 2005
First Named Inventor	Alexander Gutsoi
Art Unit	
Examiner Name	
Attorney Docket Number	4264.73438

**I hereby revoke all previous powers of attorney given in the above-identified application.**

☐ A Power of Attorney is submitted herewith.

**OR**

☒ I hereby appoint the practitioners associated with the Customer Number: 24978

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with  
Customer Number:

24978

**OR**


<input type="checkbox"/> Firm or Individual Name					
Address					
City		State		Zip	
Country					
Telephone			Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Alexei Saveliev		
Date	07/05/2005	Telephone	312-413-3629

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below\*.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



Rec'd PTO/PTO 26 JUL 2005

PTO/SB/82 (04-05)

Approved for use through 11/30/2005. OMB 0651-0035

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<b>REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	Application Number	10/531,129
	Filing Date	April 13, 2005
	First Named Inventor	Alexander Gutsol
	Art Unit	
	Examiner Name	
	Attorney Docket Number	4264.73438

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 24978

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 24978

OR

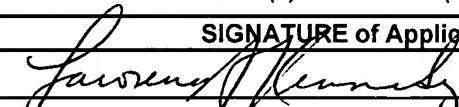
<input type="checkbox"/> Firm or Individual Name				
Address				
City		State		Zip
Country				
Telephone		Email		

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)*

**SIGNATURE of Applicant or Assignee of Record**

Signature			
Name	Lawrence Kennedy		
Date	<i>July 11, 2005</i>	Telephone	<i>614-256-7743</i>

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ \*Total of \_\_\_\_\_ forms are submitted.

This collection of information is required by 37 CFR 1.36. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.